STATE OF ALABAMA DEPARTMENT OF EDUCATION TEACHER EDUCATION AND CERTIFICATION OFFICE 5201 GORDON PERSONS BUILDING

POST OFFICE BOX 302101 MONTGOMERY, AL 36130-2101 Telephone: (334) 242-9977 Fax: (334) 242-0498

RELEASE FORM FOR FINGERPRINT PROCESSING

THIS DOCUMENT MUST BE WITNESSED AND SIGNED BY TWO (2) WITNESSES $\underline{\mathbf{OR}}$ NOTARIZED BY A NOTARY PUBLIC

STATE OF ALABAMA

Calcad Cartery on Namualia Calcadia Alabama Wham I a	Elassed		
School System or Nonpublic School in Alabama Where I ar	n Employed		
		Address	
My name is	, I reside at		
City of, mind and legally competent to execute this release. I hereby criminal history information about me to the Alabama state 50 North Ripley Street, Montgomery, Alabama 36104.	y authorize the Alabama departm	ent of Public Safety to	. I am possessed of sour o release any and all ication Office, located at
do, hereby, for myself, my heirs, executors, and administrated its officers and agents from any and all claims, actions, criminal history information.			
certify that I have read this release and that I understand that on this the day of		n witness thereof I have	e voluntarily signed my
Signature	Social Security Number		
	Date of Birth	Race	Sex
witness Signature		worn to and subscribed before me this day of	
Address		, 20	_
City State Zip Code	Seal and Sign	ature of Notary Public	
witness Signature	My Commission Expires	::	
A.11			
Address			
City State Zip Code	-		
TO BE COMPLETED BY THE STATE DEPARTMENT (Person requesting this record:	OF EDUCATION:		
June H. Mahry, State Teacher certification Officer			vurity Number

RETURN THIS FORM AS PART OF YOUR APPLICATION PACKET WHEN A BACKGROUND CLEARANCE IS REQUIRED